

General information

This form is for operators seeking a review of a decision made by the NHVR under Chapter 8 of the HVNL.

Applicant Details

Applicant's name (must be company or individual)

Australian Company Number (ACN) Individual (Licence Number)

Trading as name (if applicable)

Registered company address (or business address for individual)

 State Postcode

Operator postal address (If not the same as registered company address)

 State Postcode

Accreditation Details

NHVAS accreditation number

Case Lodgement Reference No.

Business phone number

Business fax number

Mobile phone number

Email address

Preferred method of contact for all NHVAS correspondence
(please select one only)

Email

Post

Fax

Applicant Declaration

I hereby declare that all details provided in this application are true and correct and I am authorised to make this application on behalf of the company or individual named above. Knowingly making a false statement to the NHVR may attract significant penalties under section 701 of the Heavy Vehicle National Law.

Applicant's name

Title / position

Email address

Applicant's signature

I accept providing my electronic signature has the same status as a signed signature.

Date signed

 / /

Privacy Statement

The NHVR is collecting your personal information in relation to reviewing a decision made for the Heavy Vehicle Accreditation Scheme under Chapter 8 of the Heavy Vehicle National Law Act. We are authorised under this Act to collect information we reasonably require to decide this application.

We may disclose protected information contained in your application for the purposes set out in section 727 of the Act to an entity (including a private or public sector entity) identified in that section. This can include disclosure to an authorised employee or agent of the entity.

We may disclose protected information to a law enforcement agency, including a service provider authorised to enforce the Heavy Vehicle National Law nationally. A police agency may disclose protected information disclosed to or otherwise held by it to another police agency authorised to hold protected information.

Decision to be reviewed

Date of decision

State the decision that is to be reviewed. (If insufficient space please attach documentation to this form)

State briefly why you believe the decision to be wrong or not properly made. (If insufficient space please attach documentation to this form)

Briefly describe any other facts you think important. (If insufficient space please attach documentation to this form)

Briefly describe what you want to happen. (If insufficient space please attach documentation to this form)

Contact details

Submit completed applications and supporting information online or by mail, fax or email as listed below:

Online www.nhvr.gov.au/forms/submission-form

Mail Accreditation
National Heavy Vehicle Regulator
PO Box 492
Fortitude Valley QLD 4006

Fax 1300 736 798

Email Accreditation@nhvr.gov.au

To contact the NHVR Accreditation Team:

Call 1300 MYNHVR (1300 696 487)
Standard 1300 call charges apply
Please check with your phone service provider

Visit www.nhvr.gov.au